



New York State Correctional Officers & Police Benevolent Association, Inc.

102 Hackett Blvd., Albany, NY 12209
(518) 427-1551 www.nyscopba.org nyscopba@nyscopba.org



President
Donn Rowe

Executive Vice President
Chris Hickey

Recording Secretary
Diane Davis

Treasurer
John Telisky

Vice President,
Northern Region
Randy Page

Vice President,
Mid-Hudson Region
Kevin Walker

Vice President,
Law Enforcement
Tom Sawyer

Vice President,
Central Region
Tom Haas

Vice President,
Western Region
Al Mothershed

Vice President,
Southern Region
Willie Perez

To: NYSCOPBA members

From: Christopher Hickey

Date: October 5, 2010

Re: Tuition Reimbursement

This memo serves as a reminder to be sure to submit your applications for tuition reimbursement. Please follow the guidelines that are attached and submit to your regional planning Lieutenant. (A list of the regional planning Lieutenants is below)

For your convenience, the link to the application is:
<http://www.nyscopba.org/nysnyscopbalmtuition>

- | | | | |
|-------------------|---|------------------|--|
| Clinton Hub: | Lt. Robert Rock
Regional Training Office
Franklin Correctional Facility
PO Box 10

Malone, NY 12953
518-483-6040 | Elmira Hub: | Lt. Michael Cob
Regional Training Office
Willard Correctional Facility
7116 County Route 132 Bldg #1
PO Box 303
Willard, NY 14588
607-869-5500 |
| Great Meadow Hub: | Lt. Andrew Zavistaski
Regional Training Office
Mt. McGregor CF
1000 Mt. McGregor Rd; Box 2017
Wilton, NY 12831
518-587-3960 | Green Haven Hub: | Vacant
Regional Training Office
Fishkill Correctional Facility
Box 307
Beacon, NY 12508
845-831-4800 |
| NYC Hub: | Lt. John Griffin
Regional Training Office
Adam Clayton Powell State Office Bldg.
163 West 125 th Street; 12 th Floor
New York, NY 10027
212-961-4069 | Oneida Hub: | Lt. Darrell Thomas
Regional Training Office
Oneida Correctional Facility
6100 School Road
Rome, NY 13440
315-339-6880 |
| Sullivan Hub: | Lt. Harold Jones
Regional Training Office
Eastern Correctional Facility
Box 338
Napanoch, NY 12458
845-647-7400 | Watertown Hub: | Lt. Donald Bushy
Regional Training Office
Riverview Correctional Facility
PO Box 158
Ogdensburg, NY 13669
315-393-8400 |
| Wende Hub: | Lt. Timothy Franclemont
Regional Training Office
Attica Correctional Facility
639 Exchange Street
PO Box 149
Attica, NY 14011
585-591-2000 | | |

Tuition Reimbursement for NYSCOPBA-Represented Employees
Guidelines for the April 30, 2009 Award Period
Applicant Information

FUNDING

The New York State/New York State Correctional Officer & Police Benevolent Association (NYSCOPBA) Tuition Reimbursement Program is funded by the April 30, 2009 Interest Arbitration Award and the negotiated agreement between the State of New York and NYSCOPBA.

ELIGIBILITY

All full-time employees whose positions are assigned to the Security Services Unit represented by NYSCOPBA and who have had six months continuous state service immediately prior to the beginning date of the course work are eligible.

COVERED EXPENSES

Reimbursable expenses are those costs that relate to the pursuit of an educational activity. These expenses include tuition for approved credit or non-credit course work, individual course registration, and all mandatory fees. The program provides reimbursement for courses beginning after March 31, 2007 through March 31, 2011.

Annual fiscal year allowance per applicant for:

April 1, 2007-March 31, 2008 = 100% of the covered tuition expense up to \$1,200

April 1, 2008-March 31, 2009 = 100% of the covered tuition expense up to \$1,200

April 1, 2009-March 31, 2010 = 100% of the covered tuition expense up to \$1,200

April 1, 2010-March 31, 2011 = 100% of the covered tuition expense up to \$1,200

Reimbursement within a fiscal year is determined by the start date of the course. The State fiscal year begins on April 1 and ends on March 31.

Beginning April 1, 2010 applicants may be reimbursed for book expenses up to a maximum of \$250 per course. To be eligible, the applicant must provide proof from the educational organization that the reading material is mandatory for the related course. Shipping fees and taxes on mandatory reading material will be paid up to the \$250 maximum. Total funds assigned to the program may be limited and are subject to availability.

APPLICATION SUBMISSION PROCESS

Once registered for course work, applicant must complete a separate Tuition Reimbursement Application SSU-004 form for each course for which reimbursement is requested. The SSU-004 form must be submitted to the agency/facility staff development or personnel office for review and approval.

APPLICANT REIMBURSEMENT PROCESS

To obtain reimbursement, applicant must complete a New York State Standard or Quick Pay Voucher available in the agency/facility business office within 30 working days following the receipt of a satisfactory course completion document.

A payment voucher must be submitted to the agency/facility staff development or personnel office for payment. The voucher will be forwarded to the agency/facility finance office to be processed through the Office of the State Comptroller in accordance with the rules and regulations concerning the expenditure of state funds. These guidelines are subject to the discretion of the agency/facility.

Attachments to the payment voucher must include:

1. the original itemized paid receipt from the educational organization
2. a copy of the Tuition Reimbursement Application SSU-004 form indicating approval of the course
3. course completion document

Note: The satisfactory course completion document must be the original grade report, or a letter from the educational organization stating satisfactory completion of the course work. The letter must indicate the date of course completion.

4. proof of mandatory reading material from the educational organization for book expense reimbursement
5. the receipt must include book title

Applicants are advised to retain a copy of the application and documentation for records.

EFFECTIVE DATE

These guidelines apply to course work beginning April 1, 2007 through March 31, 2011.

**Tuition Reimbursement Application (SSU-004 Form) for NYSCOPBA-Represented Employees
For the April 30, 2009 Award Period**

Name of Applicant _____

Address _____

Phone _____

Number of Years in State Service _____ Number of Years in Current Position _____

Title and Salary Grade _____

Agency/Facility _____

Work Location _____ Work Phone _____

Explain how this training will assist you in progressing toward reasonable career goals within state service.

Course Work & Financial Information

Educational Institution _____

Address _____

Course Title _____ Course # _____

Start Date _____ End Date _____ Number of Credits _____ or Non-Credit _____

Expense Category

Course Tuition: _____

Other Mandatory Fees: _____

Tuition and Mandatory Fees Total: _____

Less Other Sources of _____

Financial Aid (TAP, PELL, _____

Veteran's Benefits): _____

Less Other Sources of Financial Aid: - _____

Book Expense: + _____

Total Reimbursement Requested: _____

I affirm that all the above information is accurate and complete.

 Employee Signature _____ Date _____

AGENCY/FACILITY ACTION: Job-Related Course Career-Related Course Disapproved

Amount approved for course work \$ _____

Amount approved for book expense \$ _____ Date Applicant Notified _____

 Authorizing Signature _____ Title _____ Date _____